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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Curtis (Rural)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 hrs. Life	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Apache Powder Co.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) P.O. Box 253 - Benson Ariz.	
DECEASED	3. NAME OF DECEASED A. (FIRST) Orvil B. (MIDDLE) - - - C. (LAST) Lofgreen			4. SEX Male
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE White
	7. DATE OF BIRTH MONTH Apr. DAY 2 YEAR 1912			8. AGE YEARS 37 MONTHS 2 DAYS 29
BUSINESS OR INDUSTRY	9B. KIND OF BUSINESS OR INDUSTRY Powder Co.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Foreman - Mix-House	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 526-01-7114	
14A. FATHER'S NAME Niels Lofgreen		14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Rebecca A. Sherman
16. INFORMANT'S SIGNATURE <i>Rebecca A. Lofgreen</i>		ADDRESS <i>Benson Ariz</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 1 1949
CAUSE OF DEATH	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION <i>Samuel J. ...</i>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A)			
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
ACCIDENT	21A. ACCIDENT (SPECIFY) Dynamite Explosion		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Apache Powder Co.	
	21C. (CITY OR TOWN) (COUNTY) (STATE) Benson Cochise Ariz.		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY July 1 1949 9:00 AM	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Dynamite Explosion - Cause Unknown		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 1, 1949 TO July 1, 1949 AND THAT DEATH OCCURRED AT 9:00 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <i>Hubert Shannon</i>		23B. ADDRESS <i>Benson, Arizona</i>		23C. DATE SIGNED 7-1-49
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 7-1-1949		24C. NAME OF CEMETERY OR CREMATORY Bisbee, Arizona
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bisbee, Arizona		25A. DATE REC'D BY LOCAL REG. 7-15-49		
25B. REGISTRAR'S SIGNATURE <i>Adrian</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Hubbard Mortuary - Hugh Coomes</i>		